

State of Michigan
Department of Civil Service
EMPLOYEE BENEFITS DIVISION
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909

QUALIFIED PARKING SPENDING ACCOUNT ENROLLMENT FORM

Instructions: Complete the top portion of the form and the appropriate section to enroll, change the deduction amount, or terminate enrollment in the qualified parking spending account. Sign and date the form, retain a copy for your records, and mail the completed form to the address above.

EMPLOYEE INFORMATION			
PLEASE PRINT OR TYPE			
Name		Work Phone Ext.	
Home Address			
City	State	Zip Code	Home Phone
Employee ID Number	E-Mail Address		
This form must be received by the Employee Benefits Division by Wednesday <u>prior to the pay period</u> the action takes effect.			
ENROLL			
I WOULD LIKE TO HAVE A PRE-TAX DEDUCTION OF _____ TAKEN FROM MY WAGES PER PAY PERIOD FOR QUALIFIED PARKING EXPENSES EFFECTIVE PAY PERIOD BEGINNING _____			
CHANGE			
I WOULD LIKE TO CHANGE MY BI-WEEKLY DEDUCTION TO _____ EFFECTIVE PAY PERIOD BEGINNING _____			
TERMINATE			
I WOULD LIKE TO TERMINATE MY BI-WEEKLY DEDUCTION EFFECTIVE PAY PERIOD BEGINNING _____			
<p>I UNDERSTAND THAT MY DEDUCTION AMOUNT CANNOT EXCEED \$84 PER PAY PERIOD AND THAT THE DEDUCTION WILL REMAIN IN FORCE UNTIL I MAKE A CHANGE OR I NO LONGER HAVE PAYROLL DEDUCTIONS.</p> <p>I have read and understand the documents governing this Plan and agree to act according to its provisions. I certify that I will be using the benefit exclusively for parking while in work status. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person.</p> <p>I understand and agree that false certification may result in disciplinary action taken by the State of Michigan up to and including dismissal from employment and possible criminal prosecution.</p>			
Employee's Signature			Date